

**Form Instructions for *Needs Upon Discharge, Discharge Plan, and Addendum*  
(DMH 942E 1190, DMH 942I 1190F, DMH 942E 1190C and DMH 942E 1191)**

**I. *Needs Upon Discharge* (DMH 942E 1190 or DMH 942I 1190F)**

The Treatment Team Social Worker (or designee), with input from the other members of the Treatment Team and CSB staff, shall initiate the *Needs Upon Discharge* at the time of the first Comprehensive Treatment Plan (CTP) meeting. The initial *Needs Upon Discharge* shall reflect the individual's needs based on clinical assessments and information available as of the initial CTP meeting. Throughout the course of the hospital stay, as the individual's needs change or as more information becomes available, the Treatment Team Social Worker shall revise the *Needs Upon Discharge* at subsequent Treatment Plan Review (TPR) meetings.

At the initial CTP meeting, the Treatment Team Social Worker (or designee) shall fill out the *Needs Upon Discharge* as completely as possible so the CSB may begin discharge planning. If the CSB representative is not present at the Treatment Team meeting, the Treatment Team Social Worker (or designee) shall fax a copy of the *Needs Upon Discharge* to him within one (1) working day. After receipt of the *Needs Upon Discharge*, the CSB staff shall initiate the *Discharge Plan* based upon the needs identified as of the first CTP. CSB staff shall fax the *Discharge Plan* to the Treatment Team Social Worker within three (3) working days of the Comprehensive Treatment Plan meeting and mail the original. The Treatment Team Social Worker (or designee) shall put the faxed copy in the medical record, replacing it with the original when it is received.

If a CSB representative is not present at any TPR meeting, the Treatment Team Social Worker (or designee) shall fax a copy of the revised *Needs Upon Discharge* to him within one (1) working day. After receipt of the revised *Needs Upon Discharge*, the CSB staff shall revise the *Discharge Plan* as needed and return the revised plan to the facility within three (3) working days of the TPR meeting (as above).

The *Needs Upon Discharge* shall be maintained in the *Comprehensive Treatment Planning* section of the individual's medical record. The *Needs Upon Discharge* may be completed on computer file if desired.

**Initiating the *Needs Upon Discharge*:**

At the initial CTP meeting, the Treatment Team Social Worker (or designee), with input from the other members of the Treatment Team and CSB staff, shall initiate the *Needs Upon Discharge* as follows:

In the **PRE-DISCHARGE** section:

- ◆ Under ***Individual's Motivation for Discharge***, rate the individual's motivation for discharge based on the individual's statements and behaviors regarding discharge as of the initial CTP meeting. Ratings should be based on a 5-point scale as follows:
  - 1= *Not Motivated*: Individual consistently states he does not want to leave the hospital or otherwise indicates no desire to be discharged (e.g., refuses discharge planning or never mentions discharge).
  - 2= *Slightly Motivated*: Individual occasionally indicates a desire for discharge or is at least receptive to the idea of discharge.
  - 3= *Ambivalent*: Individual displays conflicting feelings/behaviors about discharge, e.g. individual states he would like to be discharged, yet refuses to participate in discharge planning.
  - 4= *Moderately Motivated*: Individual states he would like to be discharged but is not fully engaged in the discharge planning process.
  - 5= *Highly Motivated*: Individual consistently states he would like to be discharged and is actively engaged in discharge planning process.

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- ◆ Under ***Individual's Preferences upon Discharge***, document the individual's *current* preferences upon discharge, i.e. what does the individual state he would like to do upon discharge?
- ◆ Under ***Anticipated Date of Discharge***, record the anticipated date of discharge determined by the Treatment Team as of the initial CTP meeting. **Note:** If the individual is on a legal status in forensic services that does not allow (for security purposes) the disclosure of a discharge date, then indicate this in the Anticipated Discharge Date section of the form.

In the **MEDICAL** section:

- ◆ Document and describe the individual's specific medical needs (e.g., lab work, follow-up for hypertension) based on assessments and information available as of the initial CTP meeting. Be as specific as possible.
- ◆ If the individual is not anticipated to have any special medical needs, check "Routine Health Maintenance".
- ◆ If needs are unclear as of the initial CTP meeting, check "Assess Needs".

In the **MEDICATION** section:

- ◆ Document and describe the individual's specific medication needs based on assessments and information available as of the initial CTP meeting. Be as specific as possible.
- ◆ If the individual is not anticipated to be on medication or is able to obtain/administer medications independently, check "No Needs (Independent or N/A)".
- ◆ If needs are unclear as of the initial CTP meeting, check "Assess Needs".

In the **SUBSTANCE ABUSE** section:

- ◆ Document and describe the individual's specific substance abuse needs based on assessments and information available as of the initial CTP meeting. Be as specific as possible.
- ◆ If the individual is not anticipated to have any substance abuse needs, check "No Needs (Independent or N/A)".
- ◆ If needs are unclear as of the initial CTP meeting, check "Assess Needs".

In the **PSYCHIATRIC/THERAPEUTIC** section:

- ◆ Document and describe the individual's specific psychiatric/therapeutic needs based on assessments and information available as of the initial CTP meeting. Be as specific as possible.
- ◆ If the individual is not anticipated to have any psychiatric/therapeutic needs, check "No Needs (Independent or N/A)".
- ◆ If needs are unclear as of the initial CTP meeting, check "Assess Needs".

In the **DAILY LIVING** section:

- ◆ Under each sub-section (***Hygiene, Nutrition, Transportation, Shopping, Money Management, Leisure/Socialization, Employment, Education***), document and describe the individual's specific daily living needs based on assessments and information available as of the initial CTP meeting. Be as specific as possible.
- ◆ If the individual is not anticipated to have any needs in a particular sub-section, check "No Needs (Independent or N/A)".
- ◆ If needs are unclear as of the initial CTP meeting, check "Assess Needs".

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In the **LEGAL** section:

- ◆ Under ***Competent to make decisions?***, specify whether individual has the capacity to make decision for himself (“Yes” or “No”). If the individual is under 18 years old, circle “Minor”.
- ◆ Under ***Has LAR in Facility?***, specify whether the individual has a legally authorized representative (LAR) in the facility (circle “Yes” or “No”). If yes, specify the name of the LAR.
- ◆ Under ***Has LAR in Community?***, specify whether the individual has a LAR in the community (circle “Yes” or “No”).  
     If No, specify whether LAR in Community is needed (circle “Yes” or “No”). If LAR is needed in community circle the type of LAR needed (e.g., Legal Guardian).  
     If Yes, provide the name of the individual serving as LAR in the community and specify the type of LAR (e.g., Power of Attorney)
- ◆ Under ***Other Legal Needs***, document and describe any other legal needs (e.g. attorney, coordination with probation officer).

In the **FINANCIAL** section:

- ◆ Under ***SSI, SSDI, Medicaid, Medicare***, specify the amount (if applicable), type (e.g., QMB only) and status of each benefit (e.g., currently receives, needs re-application, pending, approved, etc.). If the individual is not eligible to receive any of these, indicate “Not Eligible” under status.
- ◆ Document any other financial entitlement needed.

In the **HOUSING** section:

- ◆ Document and describe the individual’s specific housing needs based on assessments and information available as of the initial CTP meeting. Be as specific as possible.
- ◆ If the individual is not anticipated to have any housing needs (i.e., will return to prior housing), check “No Needs/Return to prior housing” and document location in space provided.
- ◆ If needs are unclear as of the initial CTP meeting, check “Assess Needs”.

In the **SUPERVISION** Section:

- ◆ Document and describe the individual’s specific supervision needs based on assessments and information available as of the initial CTP meeting. Be as specific as possible. Provide the reason why supervision is necessary and the frequency of the need, e.g. Supervision 1 hour per day, 7 days a week in AM and PM to administer medications and prompt individual to attend to activities of daily living (ADLs).
- ◆ If the individual needs supervision 24 hours per day, 7 days per week, specify whether overnight staff must be “awake” at all times or just accessible (“On-Site”). In addition, specify whether individual must be supervised directly at all times (circle “Yes” or “No”).
- ◆ If the individual is not anticipated to have any supervision needs, check “No Needs”.
- ◆ If needs are unclear as of the initial CTP meeting, check “Assess Needs”.

In the **TRANSITION** section:

- ◆ Under ***Need for transition to community?***, specify whether individual has the need for a transition plan (i.e. Does the individual have special needs regarding making the transition from hospital to community? Should the individual have a gradual transition to the community or would a gradual transition impede discharge?).

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- ◆ If yes, document and describe the individual's specific transitional needs. Be as specific as possible and provide the reason for the need, e.g. Individual has difficulty trusting others and, therefore, may have difficulty working with new staff in the community unless given the opportunity to meet new staff prior to discharge.
- ◆ If needs are unclear as of the initial CTP meeting, circle "Needs Assessment".

**In the **CRISIS** section:**

- ◆ Under *Need for specialized crisis plan?*, specify whether individual has the need for a specialized crisis plan (circle "Yes" or "No"). If yes, see Crisis Plan Template for suggestions on developing a crisis plan. If there is no need for a specialized crisis plan, please note that all individuals must at least have a "routine" crisis plan.
- ◆ Document and describe any issues for the CSB to address in a crisis plan (e.g., medication non-compliance, hospital dependency).

**In the **OTHER** section:**

- ◆ Document and describe any religious, cultural, and/or other needs anticipated upon discharge.
- ◆ If the individual is not anticipated to have any other needs, check "No Needs"
- ◆ If needs are unclear as of the initial CTP meeting, check "Assess Needs".

**In the **SIGNATURES** section:**

- ◆ Sign and date the form in the designated spaces on page 6 of the combined *Needs Upon Discharge/Discharge Plan* form or page 3 of the *Needs Upon Discharge* form.
- ◆ Review the *Needs Upon Discharge* with the individual receiving services and/or legally authorized representative (LAR) and obtain their signatures in the designated spaces on page 6 (left-hand column) of the combined *Needs Upon Discharge/Discharge Plan* form (DMH 942E 1190) or page 3 of the *Needs Upon Discharge* form.

**In the **ADDRESSOGRAPH** section:**

- ◆ Stamp each page in the designated space at the bottom right of the page.

**Updates & Revisions to *Needs Upon Discharge*:**

At subsequent TPR meetings during the course of the hospital stay, the Treatment Team Social Worker (or designee), with input from the other members of the Treatment Team and CSB staff, shall revise the *Needs Upon Discharge* as follows:

- ◆ Indicate revisions by drawing one line through any items that are no longer needed and providing initials/date next to each change. Additional space is provided under each domain for ***Revisions/Updates***.
- ◆ Indicate items added at a later date by checking the relevant items and providing initials/date next to each addition. Additional space is provided under each domain for ***Revisions/Updates***.
- ◆ Sign and date the form each time it is revised in the designated spaces on page 6 of the combined *Needs Upon Discharge/Discharge Plan* form or page 3 of the *Needs Upon Discharge* form.
- ◆ Once all available space has been used, note further additions and revisions on the *Needs Upon Discharge/Discharge Plan Addendum* form (DMH 942E 1191), which provides additional space for changes (see III below).

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**II. *Discharge Plan* (DMH 942E 1190 or DMH 942E 1190C)**

The CSB staff, with input from the other members of the Treatment Team, shall initiate the *Discharge Plan* at the time of the first Comprehensive Treatment Plan meeting. . If the CSB representative is not present at the Treatment Team meeting, the Treatment Team Social Worker (or designee) shall fax a copy of the *Needs Upon Discharge* to him within one (1) working day. After receipt of the *Needs Upon Discharge*, the CSB staff shall initiate the *Discharge Plan* based upon the needs identified as of the first CTP. CSB staff shall fax the *Discharge Plan* to the Treatment Team Social Worker within three (3) working days of the Comprehensive Treatment Plan meeting and mail the original. The Treatment Team Social Worker (or designee) shall put the faxed copy in the medical record, replacing it with the original when it is received.

At the initial CTP meeting (or upon receipt of the *Needs Upon Discharge*), the CSB staff shall fill out the *Discharge Plan* as completely as possible based on the needs identified on the *Needs Upon Discharge*. Throughout the course of the hospital stay, as the individual's needs change, the CSB staff shall revise the *Discharge Plan* until such time as the discharge plan is finalized (i.e., all necessary services and providers have been identified).

If a CSB representative is not present at any TPR meeting, the Treatment Team Social Worker (or designee) shall fax a copy of the revised *Needs Upon Discharge* to him within one (1) working day. After receipt of the revised *Needs Upon Discharge*, the CSB staff shall revise the *Discharge Plan* as needed and return it to the facility within three (3) working days of the TPR meeting (as above).

The *Discharge Plan* shall be maintained in the *Comprehensive Treatment Planning* section of the individual's medical record. The *Discharge Plan* may be completed on computer file if desired.

**Initiating the *Discharge Plan*:**

At the initial CTP meeting (or upon receipt of the *Needs Upon Discharge*), the CSB staff, with input from the Treatment Team, shall initiate the *Discharge Plan* as follows:

In the **PRE-DISCHARGE** section:

- ◆ Under ***Anticipated Date of Discharge***, record the date the individual is anticipated to be ready for discharge. **Note:** If the individual is on a legal status in forensic services that does not allow (for security purposes) the disclosure of a discharge date, then indicate this in the Anticipated Discharge Date section of the form.
- ◆ Under ***Barriers to Discharge***, list any circumstances that may delay or impede discharge, e.g., legal constraints, individual refuses to be discharged, etc.

In the **MEDICAL** section:

- ◆ Indicate the types of medical services to be provided upon discharge, including the name of the provider(s) and the frequency of the service.
- ◆ There must be a Primary Care Physician identified for routine health maintenance even if the individual is not anticipated to have any other medical needs.

In the **MEDICATION** section:

- ◆ Indicate the types of medication services to be provided upon discharge, including the name of the provider(s) and the frequency of the service. If the individual is anticipated to be able to obtain and administer his own medication, check "Self-Administration".
- ◆ If the individual is not anticipated to require medication, check "N/A" (Not Applicable).

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**In the SUBSTANCE ABUSE section:**

- ◆ Indicate the types of substance abuse services to be provided upon discharge, including the name of the provider(s) and the frequency/duration of the service.
- ◆ If the individual is not anticipated to require any substance abuse services, check “N/A” (Not Applicable).

**In the PSYCHIATRIC/THERAPEUTIC section:**

- ◆ Indicate the types of psychiatric/therapeutic services to be provided upon discharge, including the name of the provider(s) and the frequency of the service.
- ◆ If the individual is not anticipated to require any psychiatric/therapeutic services, check “N/A” (Not Applicable).

**In the DAILY LIVING section:**

- ◆ Under each sub-section (*Hygiene, Nutrition, Transportation, Shopping, Money Management, Leisure/Socialization, Employment, Education*), indicate the types of services planned to address the individual’s daily living needs, including the name of the provider(s) and the frequency/duration of the service.
- ◆ If the individual is not anticipated to require any services under a particular sub-section, check “N/A” (Not Applicable).

**In the LEGAL section:**

- ◆ Under *LAR needed in community?*, specify whether individual needs a LAR in the community (circle “Yes” or “No”). If yes, specify the status of obtaining the LAR (e.g. “Applied”). If known, enter the name of the individual serving as LAR in the community, specify his/her relationship to the individual receiving services, and indicate the type of LAR (e.g. Legal Guardian)
- ◆ Indicate other services planned to address the individual’s legal needs, including the name of the provider and a description of the service if applicable.

**In the FINANCIAL section:**

- ◆ Under *SSI, SSDI, Medicaid, Medicare*, specify the status of each benefit (*Applied, Reconsideration, Appeal, Approved, Denied, or N/A*).
- ◆ Indicate other types of financial entitlements expected to be in place upon discharge, including relevant details (e.g., amount per month, application pending, etc.).

**In the HOUSING section:**

- ◆ Indicate the housing services to be provided upon discharge, including the name of the provider, the location of the housing, and a description of the placement.

**In the SUPERVISION Section:**

- ◆ Indicate the types of supervision to be provided upon discharge, including an explanation of the type/purpose of supervision, the name of the provider(s), and the frequency/duration of the supervision.
- ◆ If the individual is not anticipated to need any supervision, check “N/A” (Not Applicable).

**In the TRANSITION section:**

- ◆ Indicate the types of services planned to assist the individual in making the transition from state facility to community (e.g. Passes, Trial Visits).

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- ◆ If the individual is not anticipated to require a transition plan, check “N/A” (Not Applicable).

**In the *CRISIS* section:**

- ◆ Describe the crisis plan to be followed upon discharge. Attach additional pages if necessary.
- ◆ There must be at least a “routine” crisis plan specified for each individual, i.e. Individual given 24-hour crisis number to call in case of emergency.

**In the *OTHER* section:**

- ◆ Indicate any religious, cultural, and/or other services to be provided upon discharge including the name of the provider(s), the location, and the frequency/duration of the service.
- ◆ If the individual is not anticipated to require any other services, check “N/A” (Not Applicable).

**In the *SIGNATURES* section:**

- ◆ Sign and date the form in the designated spaces on page 6 of the combined *Needs Upon Discharge/Discharge Plan* form or page 3 of the *Needs Upon Discharge* form.
- ◆ Review the *Discharge Plan* with the individual receiving services and/or legal guardian/authorized representative and obtain their signatures in the designated spaces on page 6 (right-hand column) of the combined *Needs Upon Discharge/Discharge Plan* form or page 3 of the *Discharge Plan* form.

**In the *ADDRESSOGRAPH* section:**

- ◆ Stamp each page in the designated space at the bottom right of the page.

**Updates & Revisions to the *Discharge Plan*:**

At subsequent TPR meetings (or upon receipt of revised *Needs Upon Discharge*), the CSB staff, with input from the other members of the Treatment Team, shall revise the *Discharge Plan* as follows:

- ◆ Indicate revisions by drawing one line through any items that are no longer planned and providing initials/date next to each change. Additional space is provided under each domain for ***Revisions/Updates***.
- ◆ Indicate items added at a later date by checking the relevant items and providing initials/date next to each addition. Additional space is provided under each domain for ***Revisions/Updates***.
- ◆ Sign and date the form each time it is revised in the designated spaces on page 6 of the combined *Needs Upon Discharge/Discharge Plan* form or page 3 of the *Discharge Plan* form.
- ◆ Once all available space has been used, note further additions and revisions on the *Needs Upon Discharge/Discharge Plan Addendum* form (DMH 942E 1191), which provides additional space for changes (see III below).

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**III. *Needs Upon Discharge/Discharge Plan Addendum (DMH 942E 1191)***

Once all available space has been used on the *Needs Upon Discharge* and *Discharge Plan*, facility and CSB staff shall document further additions and revisions to the *Needs Upon Discharge* and *Discharge Plan* on the *Needs Upon Discharge/Discharge Plan Addendum (DMH 942E 1191)*, herein referred to as the *Addendum*.

The left-hand column of the *Addendum* is reserved for facility staff to document changes to the *Needs Upon Discharge*. Once the space on the *Needs Upon Discharge* has been used, the Treatment Team Social Worker (or designee) shall document any revisions to the *Needs Upon Discharge* on the *Addendum*. Each entry on the *Addendum* must include the name of the domain addressed (e.g. HOUSING, MEDICAL, LEGAL), a description of the new or revised need, the Signature/Title of the staff member making the change, and the Date the change was made. Facility staff shall also review each entry on the *Addendum* with the individual receiving services and/or legally authorized representative (LAR) and obtain their initials in the designated spaces on the form.

The right-hand column of the *Addendum* is reserved for CSB staff to document changes to the *Discharge Plan*. Once the space on the *Discharge Plan* has been used, the CSB staff shall document any revisions to the *Discharge Plan* on the *Addendum*. Each entry on the *Addendum* must include the name of the domain addressed (e.g. HOUSING, MEDICAL, LEGAL), a description of the new or revised service, the Signature/Title of the staff member making the change, and the Date the change was made. CSB staff shall also review each entry on the *Addendum* with the individual receiving services and/or legally authorized representative (LAR) and obtain their initials in the designated spaces on the form.

Additional *Addendum* forms shall be used if more space is needed. Facility/CSB staff shall number *Addendum* forms in the upper right corner of the form in the designated space for “Attachment # \_\_\_\_\_”. The first *Addendum* shall be numbered Attachment #1, the second #2, the third #3, and so on.

All *Addendum* forms shall be maintained in the *Comprehensive Treatment Planning* section of the individual’s medical record with the original *Needs Upon Discharge* and *Discharge Plan*.